



Housing Comparison Worksheet

Project Title:		Parcel No.:
<input type="checkbox"/> 180-Day Owner-Occupant <input type="checkbox"/> 90 to 179-Day Owner-Occupant <input type="checkbox"/> 90-Day Tenant	Displaced Person(s):	Displacee No.:

	Subject	Comp 1	Comp 2	Comp 3
Type of Dwelling	Single Fam. Dwelling	Single Fam. Dwelling	Single Fam. Dwelling	Single Fam. Dwelling
<input type="checkbox"/> Asking Price <input type="checkbox"/> Net Rent	\$	\$	\$	\$
Average Mo. Cost of All Utilities	\$	\$	\$	\$
Base Mo. Rent (Rent Plus Utilities)	\$	\$	\$	\$
Address				
Source Listing				
Total Sq. Ft. (Finished and Unfinished)				
Total Sq. Ft. (Finished)				
Total Sq. Ft. by Floor (Basement / 1st / 2nd)	/ /	/ /	/ /	/ /
No. Bedrooms / Bathrooms	/	/	/	/
Year Built / Total No. of Rooms	/	/	/	/
Garage / Stalls	<input type="checkbox"/> No <input type="checkbox"/> Yes /	<input type="checkbox"/> No <input type="checkbox"/> Yes /	<input type="checkbox"/> No <input type="checkbox"/> Yes /	<input type="checkbox"/> No <input type="checkbox"/> Yes /
Type of Heating	Electric	Electric	Electric	Electric
Lot Size				
Other Major Site Improvements				
Condition	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> NonDSS	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> NonDSS	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> NonDSS	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> NonDSS
Neighborhood Public Transportation	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Dist. To Employment / Shopping	/	/	/	/
Public Water	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Public Sewage	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

See Attached Correlation and Conclusions

Parcel No.

Correlation and Conclusions

Prepared By:	Date:
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